



# California Access to Recovery Effort Monthly Update

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### Contact Us:

[www.california-cares4youth.com](http://www.california-cares4youth.com)

### CARE Call Center:

866.350.8773

## TMAC Training

In February and March 2009, ADP and the University of Pennsylvania provided training on the Telephone Monitoring and Adaptive Counseling (TMAC) protocol developed by the Treatment Research Center at the University of Pennsylvania.

If your organization provides outpatient treatment and your counselor(s) did not attend one of these trainings, please contact Jeanne Smith at 916.324.6526 or [jsmith@adp.ca.gov](mailto:jsmith@adp.ca.gov) to schedule makeup training for your organization.

**Reminder: Treatment providers will not be able to request continuing care vouchers for their clients until at least one registered or certified AOD counselor from the organization participates in the TMAC training.**

## New FAX Number

**ADP now has a CARE-dedicated fax. The new number is 916.324.4886.** Please use this number from now on. CARE forms will be revised to reflect the new number.

## Recovery Management Makeup Training

ADP provided conference call trainings in February 2009 on the recovery management check-up service for clients stepping down from recovery support to a recovery management voucher. If you are a recovery support provider and were unable to attend one of the trainings, please contact Jeanne Smith at 916.324.6526 or [jsmith@adp.ca.gov](mailto:jsmith@adp.ca.gov) to schedule makeup training. Makeup training will be provided via conference call on **April 1<sup>st</sup> and 2<sup>nd</sup>, 2009.**

**Reminder: Recovery support providers will not be able to provide (or bill) for this service unless they have attended this training.**

## Clients Served & Funds Redeemed (through 2/28/09)

Total clients served: 3,657 (747 were meth clients)

Total funds redeemed/billed: \$4,721,817 (\$1,124,590 was for meth clients)

## New CARE Client Cap Exception Process

ADP recently sent out an email with the policy for exceptions to the six-month client limits. Two types of exceptions will be considered by ADP, and the process for each are shown below.

1. If a client was issued a treatment or recovery support voucher to receive services at a particular provider, but the client never accessed services (never showed up at the treatment or recovery support provider's location).
  - Provider must make a request via telephone or email to CARE staff. The request must include: 1) the client ID; 2) documentation that the provider made an attempt to locate and/or engage the client; and 3) the subsequent client status (client was incarcerated, moved out of county, client died, provider was unable to locate, etc.).
  - The provider must complete a discharge GPRA before the exception will be approved. (No 6-month GPRA will be required.)
2. If the client accessed some/minimal services at the treatment or recovery support provider but will not be back due to circumstances beyond the provider's control.
  - Provider must make a request via telephone or email to CARE staff. The request must include: 1) the client ID; 2) the reason for the request, and 3) the client's last date of service.
  - If the last date of service was less than 60 days prior to the request, the provider must document why they cannot re-engage the client. For example, if the client was arrested, is it possible that he/she will be released from custody within the next 60 days?
  - The provider must complete a discharge GPRA before the exception will be approved.
  - (When it becomes due), the provider must also complete a six-month GPRA interview.

If the exception is approved, CARE staff will notify the provider via email. No more than two exceptions per provider location will be considered.

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## Client Confidentiality and E-Mails

This is a reminder that CARE providers are responsible for the protection and maintenance of client confidentiality. It is a violation of state and federal laws and regulations to transmit client names, birthdates or any other client-identifying information via e-mail. In an e-mail, clients should only be referred to by their CARE ID number, if necessary.